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CENTRAL FAX CENTER**SEP 29 2005*****FAR-HADIAN & ASSOCIATES*****CENTURY IP LAW GROUP****P.O. BOX 7333
NEWPORT BEACH CA 92658****LOS ANGELES - NEWPORT BEACH****(310) 789 2100****FACSIMILE TRANSMITTAL SHEET**

TO:	FROM:
Examiner Donna Mason	F. Jason Far-hadian, Esq.
COMPANY:	DATE:
United States Patent Office	SEPTEMBER 29, 2005
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571 273 8300	- 9 -
PHONE NUMBER:	ATTORNEY DOCKET NUMBER:
571 272 3629	1005-05-01 USP
RE SERIAL NO.	RE:
10/736,927	RESPONSE TO OFFICE ACTION

Comments:**PLEASE CONFIRM RECEIPT.**

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FORM PTO-1083

PATENT

Attorney Docket No. 1005-05-01 USP

Customer No 42698

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
 Shahar Bar-Or
 Serial No: 10/736,927
 Filed: December 16, 2003
 For: Control System and Method for a Communications
 Interface

Art Unit:: 2111

Examiner: Mason, Donna K.

MAIL BOX AMENDMENT
COMMISSIONER FOR PATENTS
PO BOX 1450, Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an AMENDMENT in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ A petition for extension of time for ___ month(s) is enclosed.
- ☐ An information disclosure statement in accordance with 37 CFR 1.56 and 1.97 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	17	-	20	**	LG=\$18 SM=\$9	\$9	\$ 0
INDEPENDENT CLAIMS FEE	4	-	5	**	LG=\$80 SM=\$40	\$40	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$270 SMALL ENTITY FEE = \$135		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Payment in the amount of \$_____ to cover the filing fee is enclosed.
- ☐ Payment in the amount of \$_____ to cover the extension fee is enclosed.
- ☐ Payment in the amount of \$_____ to cover the information disclosure statement fee is enclosed.
- ☐ Payment in the amount of \$_____ to cover the petition fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiency for the following fees associated with this communication or credit any overpayment to Deposit Account Number **503379**.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Date: SEP. 29, 2005

Customer No. 42698

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By: 

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Examiner: Mason, Donna K.

AMENDMENT

Mail Stop Amendments
Commissioner for Patents
PO BOX 1450
Alexandria, VA 22313-1450

Dear Sir:

Introductory Comments:

This is in response to the Office Action mailed on 06-29-05, in the above-captioned application. Claims 1-18 are pending in the current application. Claims 1-18 are rejected under 35 U.S.C. §102. This application is amended by the virtue of this response, pursuant to 37 CFR 1.121. Please amend claims 1-18 as provided below.

I hereby certify that this correspondence is being facsimile transmitted to United States Patent and Trademark Office FAX number 571 273 8300 on:

Sep. 29, 2005

Date of Transmission

F. Jason Far-hadian

Name


Signature

09/29/05
Date

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450